Name in Full: Mrs. J. Mary [illegible]

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Maryland Line — County: Balto

Date of death 1904: Month: June — Day: 9 — Years: Age 74 — Months: 5 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Balto Co

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Ann Allen

Father's Name: [illegible] Allen — Father's Birthplace: [illegible]

Mother's Maiden Name: Francis Ensor — Mother's Birthplace: Balto Co

Name of person giving information: Mary Ann Allen — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: 6 months

Immediate: Exhaustion — How long: 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: David R Harper

Address: Maryland Line Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: stillborne Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sparrows Point; County: Baltimore

Date of death: 1904 Month: Dec Day: 31

Age: Years — Months — Days —

Sex: Female

Color or Race: Black

Birthplace: Sparrows Pt.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Alston

Father's Birthplace: N C

Mother's Maiden Name: Josaphine Mills

Mother's Birthplace: N. C

Name of person giving Information: James Alston

How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still borne infant

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. W. Cormick M.D.

Address: Sparrows Point Md

Accident or Suicide? No

LIBRARY BUREAU A3U516

Name in Full: Louis Altvater

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton — County: Baltimore

Date of death: 1904 — Month: 12 — Day: 16

Age: Years: 22 — Months: 9 — Days: 2

Sex: Male

Color or Race: White

Birthplace: Baltimore

Occupation: Woodworker

Where Residing if not at place of death: 810 Bouldin St

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Joseph Altvater

Father's Birthplace: Baltimore

Mother's Maiden Name: Elizabeth Gabe

Mother's Birthplace: Pennsylvania

Name of person giving information: Joseph Altvater

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 12

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. Mayer

Address: 1120 Highland

Accident or Suicide? no

LIBRARY BUREAU A66616

Name in Full — Certificate of Death

Infant

Town — County

Died at Granite — Baltimore — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dec	28		9	Days		

Date 1904 — Age

Male — White — Married — Widow — Divorced

~~Female~~ — ~~Colored~~ — Single — Widower — Number of children living

Husband of Wife

Father's Name: F. C. Atheim — Mother's Maiden Name: Ena. K. Barbe

Cause of Death — Primary: Lung trouble & Pneumonia — How long sick: From birth

Immediate: Infection Circulation — Accident, Suicide, Homicide

Reported by: Thomas K. Barbe

Address: Granite Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William E Backer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Corbett County: Balto.

Date of death: Month: Dec. Day: 6 Year: 1904

Age: Years: 23 Months: 7 Days:

Sex: Male Color or Race: White Birthplace: Balto. City

Occupation: Clerk Where Residing if not at place of death: New York City

Married, Single or Widowed: Married Name of Wife or Husband: Annie Backer

Father's Name: William Backer Father's Birthplace: Balto City

Mother's Maiden Name: Maggie Kloss Mother's Birthplace: Balto City

Name of person giving information: Mrs Annie Backer How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: 10 mo

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Roy Payne

Address: Corbett Md

Accident or Suicide? No.

LIBRARY BUREAU A33316

Name in Full: Samuel Beardsley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Morrell Park — County: Baltimore

Date of death: Month: 12 — Day: 10 — Years: Age 63 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Connecticut

Occupation: Carpenter — Where Residing if not at place of death: Morrell Park

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Robert Beardsley — How related to deceased: Son

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Hemorrhage — How long: 15 hours

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Z. S. Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A46516

Name in Full: Mary Beckley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Reisterstown — County: Baltimore

Date of death 1904 — Month: December — Day: 11

Age — Years: 82 — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Reisterstown

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband:

Father's Name: Philip Beckley — Father's Birthplace: Reisterstown

Mother's Maiden Name: Rebecca Choate — Mother's Birthplace: Md

Name of person giving information: M. E. J. Erb — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: About 5 yrs.

Immediate: Hypostatic Pneumonia — How long: Four days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gore M.D.

Address: Reisterstown Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A 985 16

Name in Full: Mrs. Bell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: | County: Baltimore

Date of death 190 4 — Month: Dec | Day: 3rd | Age — Years: 72 | Months: | Days:

Sex: Female | Color or Race: Black | Birthplace: Maryland

Married, Single or Widowed: Married | Occupation: Laborer

Name of Wife or Husband: Joseph Bell

Father's Name: David Crop | Father's Birthplace: Md

Mother's Maiden Name: Crop | Mother's Birthplace: Md

Name of person giving Information: Joseph Bell | How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Failure | How long: 2 years

Immediate: Genital Debility | How long: 2 Mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G B Offutt

Address: Granite Md

Accident or Suicide?

Name in Full: William H. Bland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Erin; County: Baltimore

Date of death 1904: Month: Dec.; Day: 25th

Age: Years: 78; Months: 3; Days:

Sex: Male

Color or Race: White

Birthplace: Virginia

Married, Single or Widowed: married

Occupation: Physician & Farmer

Name of Wife ~~or Husband~~: Louisa A. Bland

Father's Name: Robert Bland

Father's Birthplace: Virginia

Mother's Maiden Name: Mary A. Boyd

Mother's Birthplace: Virginia

Name of person giving In formation: Louisa A. Bland

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Kidneys

How long: 4 days

Immediate: Uraemia

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Monkton, Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Fernandis John Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Govanstown (County) Balto.

Date of death 1904: Month Dec. Day 19

Age: Years 31 Months 1 Days 14

Sex: male Color or Race: white Birthplace: Balto Co

Married, Single or Widowed: married Occupation: Gardner

Name of Wife or Husband: Bridget A Bowen

Father's Name: Fernandis Bowen Father's Birthplace: Towson md

Mother's Maiden Name: Rachel Osborne Mother's Birthplace: " "

Name of person giving information: Bridget A Bowen How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Suicide How long: immediate

Immediate: Strangulation by Hanging How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H C Hess M D

Address: Sta H (Govans) Balto Md

Accident or Suicide? Suicide

LIBRARY BUREAU A82510

Wm. S. Fry Undertaker
Near Cathedral Cemetery

Name in Full: Briscoe (illegible)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sheppard Hospital; County: Baltimore

Date of death: 1904 Month: Dec. Day: 30

Age: Years: — Months: — Days: 3½ hours

Sex: male

Color or Race: White

Birthplace: Sheppard –

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Briscoe Jr.

Father's Birthplace: Kentuckey

Mother's Maiden Name: Sophia Howard Lee

Mother's Birthplace: Maryland

Name of person giving Information: James Briscoe Jr

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth died of exhaustion in 3½ hours.

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. M. Franklin

Address: Sheppard Hospital

Accident or Suicide?

LIBRARY BUREAU A868-16

Name in Full: Elsie Estella Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shane; County: Baltimore

Date of death 1904: Month: Dec.; Day: 3; Age: Years: 11; Months: 10; Days: 12

Sex: Female; Color or Race: colored; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: S. Edward Brown; Father's Birthplace: Maryland

Mother's Maiden Name: Florence Turner; Mother's Birthplece: Maryland

Name of person giving Information: S. E. Brown; How releted to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetis Mellitus 5D; How long: 1 year

Immediete: Marasmus & Coma; How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Millard Atchley

Address: Shane Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Mrs Sarah C. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Stone Leigh — County: Baltimore

Date of death: 1904 — Month: Dec — Day: 11 — Age: Years 71 — Months 3 — Days 16

Sex: Female — Color or Race: White — Birthplace: Boston Mass

Occupation: — Where Residing if not at place of death: —

~~Married, Single~~ or Widowed: Widow — Name of Wife or Husband: George Brown

Father's Name: Daniel Sharp — Father's Birthplace: England

Mother's Maiden Name: Ann Caldwell — Mother's Birthplace: England

Name of person giving information: Friedrich von Kapff — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes — How long: 16 years

Immediate: Coma Heart failure — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Duncan

Address: Forest Lawn

~~Accident or Suicide?~~

LIBRARY BUREAU A88616

Henry H. Eutlins & Bro. Co
233 W. Lombard St
—— X ——
Ft Emmont Cem

Name in Full: George Buettner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Highlandtown — County: Balto

Date of death 1904 — Month: 12 — Day: 15 — Age: 58 — Months: 4 — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing ~~at~~ at place of death: 434 E. Lombard St.

Married, Single or Widowed: Married — Name of Wife ~~or Husband~~: Gertrude Buettner

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: Germany

Name of person giving information: John Kern — How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatitis — How long: 1 Year.

Immediate: Apoplexy — How long: 10 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Dr. F. A. Glantz

Address: 41 Easten Ave Ed

Accident or Suicide?

LIBRARY BUREAU A888816

Sacred Heart Cemetery

Dec 16th 1904

Germanus France

Name in Full: John G. Bupp

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pikesville; County: Baltimore

Date of death 1904: Month: 12; Day: 14

Age: Years: 51; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Hanover Pa.

Married, Single or Widowed: married

Occupation: —

Name of Wife or Husband: Mary E. Bupp

Father's Name: John Bupp

Father's Birthplace: Hanover Pa.

Mother's Maiden Name: Annie "

Mother's Birthplace: "

Name of person giving Information: Mary E. Bupp

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: a year or more

Immediate: " " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. J. E. Mpn

Address: Pikesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elija R. Burton

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CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Greenwood — County: Bells

Date of death 1904 — Month: Dec — Day: 7 — Age — Years: 83 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: Md

Occupation: house wife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: John W. Burton

Father's Name: Las. wolf — Father's Birthplace: Md

Mother's Maiden Name: Mrs Fitch — Mother's Birthplace: md

Name of person giving Imformation: John W. Burton — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic heart Disease — How long: one year or more

Immediate: " — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno S. Green

Address: Fullerton Md

Dr. J. F. H. G.

Accident or Suicide?

79

LIBRARY BUREAU A83518

"Grafic cadă"
Issued 15 decembrie.

Name in Full: Eliza R. Burton

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Greenwood; County: Baltimore

Date of death 1904: Month: Dec.; Day: 4; Age: Years: 83; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Balto. Co. Md.

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of ~~Wife~~ Husband: John W. Burton

Father's Name: James Woolf; Father's Birthplace: Balto. Co. Md

Mother's Maiden Name: Miss Fitch; Mother's Birthplace: Balto. Co. Md.

Name of person giving information: John W. Burton; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease; How long: more One year or

Immediate: " " "; How long: 11

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Gittings Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Catharine C. Callahan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Woodensburg; County: Balto

Date of death: Month: Dec; Day: 8; 1904

Age: Years: 44; Months: 11; Days: 8

Sex: Female; Color or Race: white; Birthplace: Balto Co Md

Occupation: House Keeper; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Thomas C Callahan; Father's Birthplace: Ireland

Mother's Maiden Name: Julia [illegible]; Mother's Birthplace: " "

Name of person giving information: Thomas J. Callahan; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease (Mitral); How long: two years

Immediate: dropsy; How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. H. Wilson M.D

Address: Woodsburg, Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Edward Cassidy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson; County: Balto.

Date of death: Month: Dec; Day: 23; Year: 1904; Age: Years: 28; Months: —; Days: —

Sex: Male; Color or Race: (Col); Birthplace: U. S.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: ?; Name of Wife or Husband: ?

Father's Name: ?; Father's Birthplace: ?

Mother's Maiden Name: ?; Mother's Birthplace: ?

Name of person giving Information: 176; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hanging; as penalty for; How long:

Immediate: Crime the Committed, according to Law.; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Boyston Gwynn Phys & Jail

Address: Towson Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Lucy Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spring Point. County: Baltimore

Date of death 190 4: Month: Dec. Day: 15th

Age: Years: Months: 3 Days: 16

Sex: Male Color or Race: Negro Birthplace: Spring Point

Occupation: Non Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Eugene Clare Father's Birthplace: Md

Mother's Maiden Name: Josephine Fisher Mother's Birthplace: Md

Name of person giving Information: Eugene Coleman How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions How long: Two months

Immediate: Exhaustion How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eldred M. D.

Address: Spring Point

Accident or Suicide?

LIBRARY BUREAU A46316

Name in Full: James S. Clark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gardnerville; County: Balto

Date of death: 1904; Month: Dec.; Day: 13

Age: Years: 72; Months: ; Days:

Sex: male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: Gardnerville

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Mc Keys

Mother's Birthplace:

Name of person giving In formation: Bosie Councilman

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 1 week

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: Thos. D. Cooper M.D.

Address: Gardnerville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Clark 155

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dulaneys Valley — County: Baltimore

Date of death: Month: Dec. — Day: 15 — Years: 1904 — Age: 20 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto. Co. Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Husband: Augusta W. Clark

Father's Name: Wm Turnbaugh — Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: Mary Cochran — Mother's Birthplace: " " "

Name of person giving Information: Wm Turnbaugh — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: two years

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Sittings Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Samuel S. Cale

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glencoe — County: Baltimore

Date of death 1904 — Month: 12 — Day: 25

Age — Years: 80 — Months: 11 — Days: 25

Sex: Male — Color or Race: White — Birthplace: Butler Md.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Elizabeth M. Cale.

Father's Name: Ernestus Cale — Father's Birthplace: Balto Co Md.

Mother's Maiden Name: Mary E. Kemp — Mother's Birthplace: Butler Md.

Name of person giving In formation: Samuel P. Cale — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis. — How long: 1 month.

Immediate: Coma. — How long: 36 hours.

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: A. R. Mitchell

Address: R. F. D. No 2 Monkton, Md.

PHYSICIAN OR CORONER

~~Accident or Suicide?~~

LIBRARY BUREAU A69516

Interment Blk Rock
Cemetery Tuesday 27th.
Please fill out permit
& Oblige
H. C Brooks
Undertaker

Name in Full: Sarah Cole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Owings Mills; County: Baltimore

Date of death 1904: Month: Dec; Day: 3; Years: Age 61; Months: —; Days: —

Sex: Female; Color or Race: white; Birthplace: Ireland

Married, Single or Widowed: widow; Occupation: Housewife

Name of Wife or Husband: Joseph H Cole

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving Information: Joseph H Cole; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Indigestion Acute; How long: A few days

Immediate: Heart Disease; How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H H Campbell

Address: Owings Mills Md

Accident or Suicide?

LIBRARY BUREAU A88818

owings Mills to Pimlico &
to St Charles church Episcopal
for Burial

Name in Full: Mrs. Bridget Coleman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Washington — County: Baltimore

Date of death 190 4 — Month: Dec. — Day: 16 — Age at time of death: 65 yrs. — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Housewife — Where Residing if not at place of death: same.

Married, Single or Widowed: widow — Name ~~of Wife or~~ Husband: Hugh Coleman

Father's Name: John Crosby — Father's Birthplace: Ireland

Mother's Maiden Name: do not Know — Mother's Birthplace: Ireland

Name of person giving Information: Mrs. N. J. Meagher — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma of Liver Hypertrophy of Heart — How long: do not know

Immediate: Asthenia — How long: about three weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wadsworth Fiske M.D.

Address: Mt Washington Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Theodore Collenberg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hamilton — County: Baltimore

Date of death: Month: Dec. — Day: 27 — 1904

Age: Years: 78 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Retired — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: J. H. Collenberg — Father's Birthplace: Prussia

Mother's Maiden Name: Fisher — Mother's Birthplace: Prussia

Name of person giving Information: J. H. Collenberg — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 10 Mos.

Immediate: " Heart — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Collenberg

Address: 810 E Baltimore St.

Accident or Suicide? No

LIBRARY BUREAU A66618

Place of Burial

Balto. Cemetary

Date — Dec — 28 1904

William Cook

502 E Northave,

Name in Full: Gordey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Trumps. County: Baltimore

Date of death: 1904 Month: Dec. Day: 26

Age: Years ___ Months ___ Days ___

Sex: female

Color or Race: Black

Birthplace: Trumps.

Occupation: ___

Where Residing if not at place of death: Trumps.

Married, Single or Widowed: ___

Name of Wife or Husband: ___

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Oscar Gordey

Father's Birthplace: md

Mother's Maiden Name: Clara Billingsley S.

Mother's Birthplace: Md

Name of parson giving In formation: Oscar Gordey

How related to deceased: Father

CAUSES OF DEATH

Primary: Still birth — How long: ___

Immediate: Still Birth — How long: ___

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Millard Stirling,

Address: Shane

md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Jesse Daily

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Freeland P. O. | County: Baltimore

Date of death 1904: Month: Dec | Day: 14 | Age: Years: 87 | Months: 6 | Days: 8

Sex: Male | Color or Race: White | Birthplace: Maryland

Married, Single or Widowed: Widower | Occupation: Millwright

Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving information: Jesse W. Daily | How related to deceased: Son.

65

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of Brain. Insanity. Dementia | How long: One year

Immediate: General Paralysis | How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph D Baldwin

Address: Freeland
Baltimore Co.

Accident or Suicide?

LIBRARY BUREAU A58516

Name in Full: Harry Harrison Daub.

CERTIFICATE OF DEATH

MARYLAND

Died at: Twp. Highland town — County: Balto

Date of death: Month Dec. Day 18 1904 — Age: Years 42 Months 5 Days

Sex: Male — Color or Race: White — Birthplace:

Occupation: Engineer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Wm Grauel — How related to deceased: Bro. in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Hypertrophy of Liver — How long: 4 weeks

Immediate: Myocarditis — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Athey

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Laura V Dreckmore

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middle River — County: Balto

Date of death: Month: Dec — Day: 25 — Year: 1904 — Age: 65 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: md

Occupation: H. W. — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Exposure due to — How long: few hours

Immediate: alcoholism — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wilbur D Jenkins MD

Accident or Suicide? —

LIBRARY BUREAU A36316

Name in Full: Susie Diggs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Baltimore

Date of death: 1904 — Month: Dec. — Day: 13

Age — Years: 55 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Ireland

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Thomas W. Diggs

Father's Name: don't know

Father's Birthplace: Ireland

Mother's Maiden Name: don't know

Mother's Birthplace: Ireland

Name of person giving information: Samuel A. Moore

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma — How long: 2 yrs.

Immediate: Cardiac Dilatation, Exhaustion — How long: 1/2 hour.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dan L. Quaintance M.D.

Address: 3 and Gough, Highlandtown.

Accident or Suicide? No

LIBRARY BUREAU A66616

St Vincents Cemetery

Dec 17th 1904

Germaine France

Name in Full: Mary C Duvall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans Av Govanstown; County: Baltimore

Date of death: Month: December; Day: 13; 1904

Age: Years: 83; Months: 4; Days:

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: Housekeeper

Where Residing if not at place of death: Govans Av Govanstown

Married, Single or Widowed: Widow

Name of Wife or ~~Husband~~: A. J. Duvall.

Father's Name: Seymore Raymond

Father's Birthplace: Wales

Mother's Maiden Name: Rachael Barnes

Mother's Birthplace: Maryland

Name of person giving In formation: Christopher Gladmon

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Softening of Brain — How long: 1 year

Immediate: Exanition — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A A Burdick M.D.

Address: 32 S. Broadway Baltimore Md.

Accident or Suicide? No

LIBRARY BUREAU A66816

Date of Burial

Dec 16/04.

Prospect Hill Cemetary

~~Gowanstown~~ Clifton

William Cook Undertaker

502 E. North Ave

Name in Full: Josiah Eberole

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: ____ County: ____

Date of death 1904: Month: Dec. Day: 25-

Age: Years: 70 Months: 8 Days: 15-

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Married, Single or Widowed: Married Occupation: Farmer

Name of Wife or Husband: Margaret Eberole

Father's Name: George Eberole Father's Birthplace: Pennsylvania

Mother's Maiden Name: Susanna Myers Mother's Birthplace: Pennsylvania

Name of person giving information: Annie Wilhelms How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease. Mitral Regurg. How long: 2 Years.

Immediate: Paralysis - General How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph D. Baeuerle

Address: Freeland Md. Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth A. Eckhardt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Agnes' Hospital; County: Balto

Date of death 1904	Month	Day	Years	Months	Days
	Dec.	19	Age 23	8	2

Sex: Female | Color or Race: White | Birthplace: Baltimore

Occupation: Housework | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: William H Eckhardt | Father's Birthplace: Germ

Mother's Maiden Name: Elizabeth Zimmer | Mother's Birthplace: Balto

Name of person giving information: Elizabeth Eckhardt | How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Thyfoid Fever. | How long:

Immediate: Pulmonal Hemorhagen. | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. J. F. O'Mara

Address: St. Agnes. Hosp.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Frances Wyatt Elder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garrison — County: Baltimore Co.

Date of death 1904: Month: Dec. — Day: 20th

Age: Years: 52 — Months: 5 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Baltimore

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Geo. H Elder

Father's Name: Geo. Somerville Norris — Father's Birthplace: Baltimore

Mother's Maiden Name: Francis Wyatt — Mother's Birthplace: "

Name of person giving information: J. Paul Baker — How related to deceased: Brother in law.

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

Primary: Contracted a Cold — How long: About 2 weeks

Immediate: Pneumonia — How long: two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician: W. H. H. Campbell

Address: Owings Mills. Md

Accident or Suicide?

LIBRARY BUREAU A8851G

Name in Full: Wm J. Ensslberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: 1904 — Month: Dec — Day: 6th — Age: Years 33 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Barber — Where Residing if not at place of death: 1428 Pa. Ave.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace

Mother's Maiden Name: — — Mother's Birthplace

Name of person giving Information: Reeds Mt Hope — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholic Mania. — How long: Abt one wk.

Immediate: Cerebral Congestion — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat Balto Co Md.

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Peter Emig

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boonsboro | County: Washington

Date of death	Month	Day	Years	Months	Days
1904	12	14	Age 86	5	

Sex: Male | Color or Race: White | Birthplace: Germany

Occupation: formerly Tailor | Where Residing if not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Mrs Lydia Emig

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: Mrs Emig | How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Debility | How long: Some years

Immediate: Pneumonia | How long: about 10 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. C. Bryan

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A6B816

597

Druid Ridge Ave

Jno B Cook

Name in Full: Mary Haas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Canton; County: Baltimore

Date of death: Month: Dec.; Day: 20; 1904

Age: Years: 46; Months: 8; Days: —

Sex: Female; Color or Race: White; Birthplace: Baltimore Md

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Robert Haas

Father's Name: Andrew Gensler; Father's Birthplace: Germany

Mother's Maiden Name: Elizabeth Haas; Mother's Birthplace: Germany

Name of person giving information: Robert Haas; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pul. Tuberculosis; How long: 6 mos.

Immediate: Cardiac Paralysis; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank C. Brasler

Address: 1913 Bank

Accident or Suicide? Natural

LIBRARY BUREAU A88816

~~Sacred~~

Mount Carmel Cemetery

Dec. 23rd 1919

Germaine France

Name in Full: William I. Fruland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Paulon — County: Balt.

Date of death	Month	Day	Years	Months	Days
1904	12	16	Age 52		

Sex: Male — Color or Race: White — Birthplace: Balt

Occupation: Oil Inspector — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Ann Fruland

Father's Name: Thos H. Fruland — Father's Birthplace: Balt.

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Ann Fruland — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe — How long: 10 days

Immediate: Cardiac Syncope — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones

Address: 3116 O'Donnell St

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Annie Gebhardt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville County: Balto

Date of death 1904 Month: 12 Day: 15.

Age: Years: 3 Months: 3 Days:

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: 1217 Bond St

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: John Gebhardt. Father's Birthplace: Md

Mother's Maiden Name: Kate Steamer Mother's Birthplace: Md

Name of person giving Information: Maggie Gebhardt How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebro Spinal Meningitis How long: One week

Immediate: Exhaustion How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr L. Truax M.D.

Address: Sykesville

Accident or Suicide? No

LIBRARY BUREAU A66816

Oak Lawn Farm.

J. Herring & Son

2008 Orleans St.

12/20/04

Name in Full: Joseph R. Gentry 12-30-I

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Baltimore

Date of death 1904 — Month: Dec — Day: 12 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: —

Married, Single or Widowed: Widower — Occupation: —

Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Edward E. A. Riley — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of ~~Physician~~ Coroner John G. Mueller

Address 216 O'Donnell St

Accident or ~~Suicide~~? accidental

LIBRARY BUREAU A88616

Name in Full: Carrie Gessford [redacted]

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Freeland — County: Baltimore

Date of death: 1904 — Month: Dec. — Day: 30th — Years: Age 53 — Months: 9 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Near Shrewsbury, Pa

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Wm Gessford

Father's Name: Peter Rupp — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Walter W. Gessford — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 yrs

Immediate: Mal Nutrition — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph D Baccino

Address: Freeland R.F.D. #1. Baltimore Co. Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: John Goodwin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto.

Date of death: Month: Dec. — Day: 11 — Year: 1904 — Age: Years: 69 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Balto.

Occupation: Farmer — Where Residing if not at place of death: Towson

Married, Single or Widowed: Widower — Name of Wife or Husband: Temperance H. A. Goodwin

Father's Name: Benj. Goodwin — Father's Birthplace: Balto.

Mother's Maiden Name: Eliz. Griffith — Mother's Birthplace: Balto.

Name of person giving information: Mrs. Wm. S. Pumphrey — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility & old age — How long: Four Months

Immediate: Cardiac Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Taylor Gwynn M.D.

Address: Towson Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A65016

John Burns Sons
Pres.
Jovane, Cen.

Name in Full: Thomas Gordon

CERTIFICATE OF DEATH

MARYLAND

Died at: St. Agnes Hospital, Catonsville — County: Baltimore

Date of death 1904: Month: December — Day: 26 — Years: Age 17 — Months: 0 — Days: 0

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: Tailor

Name of Wife or Husband: None

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Mother Denis — How related to deceased: Guardian

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 466. — How long: 12 hours

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank A. Bond J.P.

Address: Halethorp R.D.

Accident or ~~Suicide~~? Accident from Pistol shot. Md.

LIBRARY BUREAU A66516

Name in Full: Joshua C. Gorsuch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glencoe — County: Baltimore

Date of death: 1904 — Month: 12 — Day: 5 — Age: Years: 67 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Farmer — Where Residing if not at place of death: Glencoe

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: Thomas Talbot Gorsuch — Father's Birthplace: Glencoe

Mother's Maiden Name: Elizabeth Gorsuch — Mother's Birthplace: Glencoe

Name of person giving Imformation: T. T. Gorsuch — How related to deceased: Brother

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fall from Window — How long: Two days

Immediate: Never Rallied — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. C. Mitchell

Address: Glencoe P.O., Balto. Co. Md.

Accident or Suicide? Accident

LIBRARY BUREAU A8881

Name in Full: Catherine A Seay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lutherville; County: Baltimore

Date of death 190: Month: December; Day: 14th

Age: Years: 58.-; Months: -; Days: -

Sex: Female

Color or Race: Colored

Birthplace: Baltimore Co Md

Married, Single or Widowed: Widow

Occupation: at home

Name of Wife or Husband: John Seay

Father's Name: -

Father's Birthplace: -

Mother's Maiden Name: -

Mother's Birthplace: -

Name of person giving information: Hayford Bozard

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Consumption

How long: Eight Months

Immediate: Senile Dropsy

How long: a few weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Chalmers Postle

Address: Lutherville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66216

Alexander Hensley

Bear Hill Cemetery

Name in Full: Mathew Green

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Pikesville County: Baltimore

Date of death 1904: Month 12 Day 21

Age: Years 69 Months — Days —

Sex: Male

Color or Race: White

Birthplace: Baltimore

Married, Single or Widowed: Married

Occupation: Cigar Maker

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: St. A. Mathews

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis

How long: about 1 week

Immediate: "

How long: "

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: W. C. Wyman

Address: Pikesville Md.

Accident or Suicide?:

LIBRARY BUREAU A88316

Local St Craft. 389
London Parks

Name in Full: Joseph Groor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whitestall — County: Baltimore

Date of death: 1904 — Month: December — Day: 20 — Years: Age 29 — Months: 7 — Days: 10

Sex: Male — Color or Race: White — Birthplace: York Co. Pa

Occupation: Laborer — Where Residing if not at place of death: whitestall md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Levi Groor — Father's Birthplace: York Co Pa

Mother's Maiden Name: Sarah Anne Arwig — Mother's Birthplace: " " "

Name of person giving Information: John Groor — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Killed by being struck by — How long: —

Immediate: a freight locomotive on N C R R — How long: Immediate death

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm E. Anderson Coroner

Address: Whitestall Md

Accident or Suicide? accident

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

David Hale.

Town

County

Died at Fenelon Baltimore MARYLAND

Date 189 1904 Month Dec Day 7 | Age Y. 76 M. — D. — | Native of Baltimore Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single Widow Widower ~~Divorced~~ | Number of children living None

Husband of Wife Not Married

Father's Name Wm Hale | Mother's Name Hannah Gilbert

Cause of Death: Primary Dropsy | How long sick 6 Weeks

Immediate | ~~Accident, Suicide, Homicide~~

Reported by H. F. Price Md

Address Mt Carmel Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: Mary Jane Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg. County: Balto.

Date of death: Month: Dec. Day: 1 Year: 1904 Age: 71 Months: Days:

Sex: Female Color or Race: Negro Birthplace: —

Occupation: Servant. Where Residing if not at place of death: —

Married, Single or Widowed: married Name of Wife or Husband: Geo. Hall

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Mary Jane Buck Mother's Birthplace: —

Name of person giving information: Nicholas Johnson How related to deceased: Son in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency How long: 19

Immediate: Cardiac Asthenia How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: T. Ross Payne

Address: Corbett Md

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Geo. Raymond Hammel

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Fullerton — County: Balto

Date of death 190 4 — Month: Dec. — Day: 15 — Age: Years 3 — Months 4 — Days 12

Sex: Male — Color or Race: White — Birthplace: Fullerton

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: John G. Hammel — Father's Birthplace: Balto. City

Mother's Maiden Name: Barbara F. Milchling — Mother's Birthplace: " Co

Name of person giving Information: Uncle Father — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Membranous Croup. — How long: 10 Hours.

Immediate: Heart Failure - (Suffocation) — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Linyard D. Whiteford.

Address: Fullerton, Md.

Accident or Suicide: —

LIBRARY BUREAU A6861G

Holly Redeemer

Name in Full: Mary J. Hannan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto

Date of death 190 4: Month: Dec; Day: 14; Age: Years: 7; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Govanstown

Occupation: None; Where Residing if not at place of death: —

~~Married~~ Single or ~~Widow~~; Name of Wife or Husband: —

Father's Name: Patrick Hannan; Father's Birthplace: Ireland

Mother's Maiden Name: Katherine O'Boyle; Mother's Birthplace:

Name of person giving information: Patrick Hannan; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Scarlet Fever; How long: Two weeks.

Immediate: Syncope; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. K. Ballard

Address: 1622 Mt Royal Ave

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Interment at
St. Mary's
cemetary - Dec.
15 - 1904. Govans-
town.

William Cook
Undertaker

Name in Full: Mrs. Virginia Heaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital; County: Balto. MARYLAND

Date of death: Month: December; Day: 10; Age: Years: 30; Months; Days

Sex: Female; Color or Race: White; Birth-place: Baltimore

Occupation: None; Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mths

Immediate: Exhaustion. — How long: 2 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. W. Keown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No

LIBRARY BUREAU A80316

Greenmount Cemetery

Martin Fahey & Sons

Funeral Directors

Name in Full

John W Hill

Certificate of Death

Town

Died at Linonia County Balto MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Dec	6	Age		3	Md	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband of

Wife

151

Father's Name Wm T Hill Mother's Maiden Name Alice Simpson

Cause of Death: Primary Premature Birth — How long sick 3 days

Immediate Simple exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Dr W B Burnam

Address Hochapuka Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70808

Dr. T. Ross Payne

Corbett

Ballo. Co. Mont

Name in Full: Joseph Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Canton — County: Balt

Date of death 190 4 — Month: 12 — Day: 13 — Age — Years: 62 — Months: 11 — Days: 18

Sex: Male — Color or Race: W — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Katie Hoffman

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving Information: Elizabeth Welch — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteria Sclerosis — How long: 3 months

Immediate: Angina Pectoris — How long: one hour

80

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David W. Jones M. D.

Address: 3116 O'Donnell St

~~Accident or Suicide~~?

LIBRARY BUREAU A86816

J Herring & Son

Mt Carmel

Name in Full: Lizzie Howard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Texas — County: Baltimore

Date of death: Month: Dec. — Day: 1904 — Years: Age 29 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Pa.

Occupation: Domestic — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Married — Name of Wife or Husband: Milton Howard

Father's Name: Geo Mc Nulty — Father's Birthplace: Pa

Mother's Maiden Name: Martha Bowers — Mother's Birthplace: Pa

Name of person giving Information: Lo. Mc Nulty — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1½ Yrs

Immediate: Meningitis Tuberculosis — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: B. F. Bunn

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A83618

To Be Buried at
St Joseph's Leper
By Enoser & Ria

Name in Full: Elizabeth Huber.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Balto

Date of death 190 7 — Month: Dec — Day: 18

Age — Years: 58 — Months: 11 — Days: 6

Sex: Female — Color or Race: German — Birthplace: Germany

Married, Single or Widowed: Widow — Occupation: Housewife.

Name of Wife or Husband: Charles Christian Huber.

Father's Name: Adam Deburs. — Father's Birthplace: Germany

Mother's Maiden Name: Elsie Deburs. — Mother's Birthplace: Germany

Name of person giving In formation: Emil Huber. — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 days.

Immediate: Asphyxia — How long: Several Hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: [illegible] M.D.

Address: Arlington Md

Accident or Suicide?

LIBRARY BUREAU A88916

E. D. Kelly
Arlington Md.

Name in Full: Mary Hunter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: White Hall; County: Baltimore

Date of death 1904: Month: 12; Day: 17

Age: Years: 82; Months: 9; Days: 27

Sex: Female

Color or Race: White

Birthplace: Baltimore Md.

Married, Single or Widowed: Widowed

Occupation: Housewife

Name of Wife or Husband: Thomas D. Hunter

Father's Name: Hugh Cameron

Father's Birthplace:

Mother's Maiden Name: Mary Cameron

Mother's Birthplace:

Name of person giving In formation: Thomas C. Hunter

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: 8 days

Immediate: Coma.

How long: 48 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: Woodstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Martha Jenkins.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oella — County: Balto.

Date of death 1904 — Month: Dec — Day: 31 — Age: Years 61 — Months 9 — Days 9

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housework. — Where Residing if not at place of death: Oella. Md.

Married, Single or Widowed: Married — Name of Wife or Husband: Alexander Jenkings

Father's Name: John Peacher — Father's Birthplace:

Mother's Maiden Name: Mary Peacher — Mother's Birthplace:

Name of person giving Information: Son — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes — How long: about 1 yr.

Immediate: Coma — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L G Owings M.D.

Address: Elliott City. Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: B. T. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Hope Retreat — County: Baltimore

Date of death: Month: Dec — Day: 20th — 1904

Age: Years: ~~76~~ 47 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Va

Occupation: Trav. Salesman — Where Residing if not at place of death: Richmond Va

~~Married~~, Single or Widowed: Single — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Reds Mt Hope — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paresis — How long: 3 or 4 yrs.

Immediate: Ex. Convulsions. — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank J. Flannery

Address: Mt Hope Retreat, Balto Co Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Vertie Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Phoenix — County: Baltimore

Date of death: Month: Dec — Day: 31 — 1904

Age — Years: 18 — Months: 5 — Days: 0

Sex: Female — Color or Race: White — Birthplace: Baltimore Co Md

Occupation: Home — Where Residing if not at place of death: Phoenix Baltimore Md

Married or ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: X

Father's Name: Hanson Johnson — Father's Birthplace: Balti Co. Md

Mother's Maiden Name: Henrietta — Mother's Birthplace: Balti Co. Md

Name of person giving information: Mother — How related to deceased: Mother

27

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 4 months

Immediate: General failure + Consumption — Contributory — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J E Benson

Address: Cockeysville Md

Accident or Suicide?

LIBRARY BUREAU A8818

Fortaman Yeatman Comely

Jan 9th 11

Please return permit

College

W. C Brooks

Name in Full: Wolf Kahn

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mt Hope Retreat — County: Baltimore Co

Date of death: Month: Dec — Day: 2nd — 1904

Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Salesman — Where Residing if not at place of death: Baltimore City 2 1/2 St. Edwin Ave.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Rec'ds Mt Hope Retreat — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Melancholia. — How long: 40 or 5 Years

Immediate: Acute Indigestion & Cardiac Collapse — How long: Days hrs —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank J. Hemmeter

Address: Mt Hope Retreat Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Karl Keller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middle River — County: Balto

Date of death: 1904 Month: Dec Day: 29 — Age: Years: 44 Months: — Days: —

Sex: Male — Color or Race: Wht — Birthplace: Gumany

Occupation: Mason — Where Residing if not at place of death: —

Married, Single or Widowed: widower — Name of Wife or Husband: —

Father's Name: Jacob Keller — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Christian Bestes — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Loco motor Ataxia — How long: 9 yrs

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Phil W. Hammon M D

Address: Middle River Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Isreal King

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto.

Date of death: Month: Dec. — Day: 15 — 1904

Age: Years: 68 — Months: — — Days: —

Sex: Male — Color or Race: Col — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: Towson

Married, ~~Single~~ Widowed — ~~Wife~~ of Husband: Percilla King

Father's Name: ? — Father's Birthplace: ?

Mother's Maiden Name: ? — Mother's Birthplace: ?

Name of person giving Information: James H. Smith — How related to deceased: Friend

TO BE ANSWERED BY NEAREST FRIEND

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's disease — How long: 3 year

Immediate: Cardiac Asthenia — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Jb

Signature of Physician: Dr Royston Rumbold

Address: Towson Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88816

Robert Ellsworth

Immediate a Century

Lawyer

Name in Full: Harriett T. Knight 1908

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baldwin; County: Baltimore

Date of death 1904: Month: Dec.; Day: 17; Age: Years: 86; Months: 1; Days: 16

Sex: Female; Color or Race: White; Birthplace:

Occupation: ; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Husband: Wesley Knight (deceased)

Father's Name: Robert Foard; Father's Birthplace: Harford Co. Md.

Mother's Maiden Name: —— Lancaster; Mother's Birthplace: " " "

Name of person giving Information: Wesley Knight; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia (93); How long: One week

Immediate: " ; How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. S. Green

Address: Sillings Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A68518

Name in Full: Mary Kotkusky

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Highlandtown — County: Baltimore

Date of death 1904 — Month: Dec. — Day: 13th — Age — Years: 1 — Months: 9 — Days: 6

Sex: Female — Color or Race: white — Birthplace: Balls. City

Married, Single or Widowed: Single — Occupation: none

Name of Wife or Husband:

Father's Name: John Kotkusky — Father's Birthplace: Germany

Mother's Maiden Name: Agnes Vepsky — Mother's Birthplace: Germany

Name of person giving information: John Kotkusky — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 4 days

Immediate: Exhaustion — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H. Johnson M.D.

Address: 1916 East Pratt St.

Accident or Suicide?

LIBRARY BUREAU A80510

M. F. SADOWSKI,
Undertaker,
708 S. ANN STREET,
BALTIMORE, MD.

St Stanislaus Cemetery

Name in Full: Paulina Dora Krach

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fullerton — County: Baltimore

Date of death 1904 — Month: Dec — Day: 22 — Age: Years 1 — Months 2 — Days 1

Sex: Female — Color or Race: White — Birthplace: Fullerton

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: George C Krach — Father's Birthplace: Fullerton

Mother's Maiden Name: Paulina Dora Neubauer — Mother's Birthplace: Fullerton

Name of person giving In formation: George C Krach — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Injury from fall Cerebro Spinal Meningitis — How long: 9 days

Immediate: Paralysis - exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Joseph B. Webster

Address: Rayburg Md

Accident or Suicide?

LIBRARY BUREAU A88816

Jerusalem Cemetery

Name in Full: Eliza Ringling Lanbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkville; County: Baltimore

Date of death 1911: Month: Dec.; Day: 6

Age: Years: 62; Months: 8; Days: 23

Sex: Female; Color or Race: White; Birthplace: Germany

Married, Single or Widowed: Widowed; Occupation: Housewife

Name of Wife or Husband: John Henry Lanbaugh

Father's Name: Henry Ringling; Father's Birthplace: Germany

Mother's Maiden Name: Mary Ehlerd; Mother's Birthplace: Germany

Name of person giving information: Wm Horner; How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis & Pneumonia; How long: 9 days

Immediate: Heart Failure; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. T. S. Whitford

Address: Parkville, Md.

Accident or Suicide? —

LIBRARY BUREAU A89516

Laubach – St. Johns Com-

Hausing – St. Peters "

Name in Full: Martin H. Landis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Baltimore

Date of death: Month: 12; Day: 28; 1904

Age: Years: 65; Months: ; Days:

Sex: male; Color or Race: white; Birthplace: Penna.

Occupation: Laborer; Where Residing if not at place of death: Hagerstown Md.

Married, Single or Widowed: married; Name of Wife or Husband: Margaret Landis

Father's Name: Rev. Henry Landis; Father's Birthplace: Penna

Mother's Maiden Name: Not Known; Mother's Birthplace:

Name of person giving information: J Ed. Beck; How related to deceased: Sonin law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 154; How long:

Immediate: General Debility; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address: Sykesville, Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Fielding Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winan Md — County: Balto,

Date of death: 1904 Month: Dec, Day: 8 — Age: Years: 58 Months: — Days: —

Sex: Male — Color or Race: Col — Birthplace: Va

Occupation: Hunter — Where Residing if not at place of death: at place of death

Married, Single or Widowed: Married — Name of Wife or Husband: Lucinda Lewis

Father's Name: Don't Know — Father's Birthplace: Va

Mother's Maiden Name: Don't Know — Mother's Birthplace: Va

Name of person giving Information: Charles Wallace — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy, & Enlargement Liver — How long: 3 years

Immediate: Same — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L G Frazier

Address: 165 S. Fulton ave

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Gertie Lewis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Winans; County: Baltimore

Date of death: Month: Dec. Day: 7 1904

Age: Years: 21 Months: 8 Days: 2

Sex:

Color or Race:

Birthplace: Mt Winans Md

Occupation: House work

Where Residing if not at place of death: Mt Winans Md

Married, Single or Widowed: Married

Name of Wife or Husband: Gertie Lewis.

Father's Name: Henry Johnson

Father's Birthplace: St Marys Co. Md

Mother's Maiden Name: Louisa Harris

Mother's Birthplace: Balto Co Md

Name of person giving Information: Laura Harris

How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 2 Months

Immediate: Heart failure — How long: one day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C B Frazier

Address: 1655 Fulton ave

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ida. E. Lockle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hamilton — County: Balto.

Date of death 1904: Month: Dec. — Day: 9 — Age: Years: 3 — Months: — — Days: —

Sex: Female — Color or Race: white — Birthplace: Balto. Co

Occupation: none — Where Residing if not at place of death: Hamilton

Married, Single or Widowed: Single — Name of Wife or Husband: none

Father's Name: Frank Lockle — Father's Birthplace: Balto.

Mother's Maiden Name: Ida Lockle — Mother's Birthplace: Balto.

Name of person giving In formation: Ida Lockle — How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 4 days

Immediate: Pneumonia — How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geary A Lockle M.D.

Address: Hamilton Md

Accident or Suicide?

LIBRARY BUREAU A88816

John Burns Sons

Towson

St. Mary's Cem

Name in Full: Margaret Theresa Love

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tunnels Sta. County: Balto

Date of death: Month: Dec. Day: 20 1904

Age: Years: — Months: — Days: 17

Sex: Female

Color or Race: White

Birthplace: Tunnels Sta.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Love

Father's Birthplace: Baltimore

Mother's Maiden Name: Louisa Altgater

Mother's Birthplace: Baltimore

Name of person giving information: Andrew Love

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Immunition

How long: 17 days

Immediate: Exhaustion

How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. C. Pelletiau M.D.

Address: Sparrow's Point, Md.

Accident or Suicide?

LIBRARY BUREAU A63316

Name in Full: Clara Mc Donnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Catonsville; County: Balto

Date of death: Month: Dec; Day: 26; 1904

Age: Years: 55; Months: —; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: James Mc Donnell

Father's Name: Jos P Fustbey

Father's Birthplace: Germany

Mother's Maiden Name: Caroline Westendorf

Mother's Birthplace: "

Name of person giving In formation: James Mc Donnell

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Liver

How long: 1 year

Immediate: Following 14 years after amputation of Breast

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: J. Chas. Macgill

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John J McNicholas

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cockeysville — County: Bucks

Date of death 190[illegible]: Month: Dec — Day: 22 — Years: Age 34 — Months: 7 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Ashland

Occupation: Salesman — Where Residing if not at place of death: Cockeysville

~~Married~~ Single ~~or Widower~~ — ~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas McNicholas — Father's Birthplace: Ireland

Mother's Maiden Name: Ellen Cunning[illegible] — Mother's Birthplace: Ireland

Name of person giving information: Father — How related to deceased: Father

74

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Neoplasm — How long: Complained about 2 weeks

Immediate: Pachymeningitis — How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Busey M.D.

Address: Texas Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Dear Doctor Please fill
out permit & return by
next mail.
Yorktown Texas Comelay
Monday Dec 26

H. C Brooks

Name in Full: Almeta Madden

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Reisterstown (County) Baltimore

Date of death	Month	Day	Age Years	Months	Days
1904	Dec	30		3	

Sex: Female

Color or Race: Colored

Birthplace: Reisterstown

Occupation:

Where Residing If not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nicholas Madden

Father's Birthplace: Reisterstown Baltimore Co

Mother's Maiden Name: Eliza Waller

Mother's Birthplace: " "

Name of person giving Information: Nicholas Madden

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93

How long: One week

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gorsuch M D

Address: Reisterstown Md

Accident or Suicide?

LIBRARY BUREAU A8B516

Name in Full: Agnes Mayer

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hosp for Consumptives — (County): Baltimore

Date of death 1904	Month	Day	Years	Months	Days
	12	14	Age 28		

Sex: female — Color or Race: White — Birthplace: N. C.

Married, Single or Widowed: Single — Occupation: Clerk

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry E. Mayer — Father's Birthplace: Penna.

Mother's Maiden Name: Mary Mayer — Mother's Birthplace: N. C.

Name of person giving In formation: Mrs Corp — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Two years

Immediate: Exhaustion — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H S Jarrell

Address: Towson, Md

Accident or Suicide? no

LIBRARY BUREAU A68S10

John E Huff Co

Mrs Alice Century

Name in Full: Ida Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Consumptives Hosp County: Balto.

Date of death 1904: Month: Dec. Day: 8 Age: Years: 29 Months: Days:

Sex: female Color or Race: white Birthplace: Balto.

Married, Single or Widowed: Single Occupation: Seamstress

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving In formation: Miss Hoffman How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis How long: one year

Immediate: Oedema of Lungs How long: a few hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. A. Janvier

Address: Towson, Md

Accident or Suicide? No

LIBRARY BUREAU A5551G

Armstrong Dairy Co.

London Park

Name in Full: Mary E. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Black Marsh — County: Baltimore Co.

Date of death: 1904 — Month: Dec. — Day: 25th — Age: Years: 34 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Richard C. Miller.

Father's Name: Columbus Edwards — Father's Birthplace: New York.

Mother's Maiden Name: Mary Eckers — Mother's Birthplace: Maryland

Name of person giving Information: Richard C. Miller — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pelvic Abscess. — How long: Some days

Immediate: General Peritonitis — How long: 36 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. C. Eckert. M. D.

Address: Sparrows Point

~~Accident or Suicide?~~

LIBRARY BUREAU A3S616

H Nicolaus & Son

Funeral Directors

1820 Eastern Ave

Western Cem

Dec 27th 1904

Name in Full: Louise C Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Arlington — County: Balto

Date of death 190 X — Month: Dec — Day: 29 — Age — Years: 27 — Months: 2 — Days:

Sex: Female — Color or Race: White — Birthplace: Balto.

Married, Single or Widowed: Married — Occupation: Housewife.

Name of Wife or Husband: Harry H Mitchell.

Father's Name: George Morris. — Father's Birthplace: England

Mother's Maiden Name: Mary H Pitzins. — Mother's Birthplace: Balto

Name of person giving information: Mary E Fortling — How related to deceased: Sister.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 2 years.

Immediate: Exhaustion — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W H Cox MD

Address: Arlington Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alexander Dullen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore County:

Date of death 1904: Month: Dec. Day: 31

Age: Years: 3 Months: 1 Days:

Sex: Male. Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Sister of Charity

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Complications of Disease

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. T. Ward

Address: St. Agnes Hospital

Accident or Suicide?

LIBRARY BUREAU A68816

John J Conaw.

Name in Full: Elizabeth Catherine Murdock.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Govanstown; County: Balto

Date of death 1904: Month: Dec; Day: 10; Age: Years: 84; Months: 8; Days: 21

Sex: Female; Color or Race: White; Birthplace: Annapolis, Md

Married, Single or Widowed: Widowed; Occupation: Housewife

Name of Wife or Husband: William B Murdock

Father's Name: Wesley Holm; Father's Birthplace: Annapolis

Mother's Maiden Name: Not Known.; Mother's Birthplace: ——

Name of person giving information: Julia K. Jones.; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: 1 year

Immediate: Hypostatic Pneumonia; How long: 6 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. C. Hess M.D.

Address: Sta. H (Govans) Balto. Md

Accident or Suicide? neither

LIBRARY BUREAU A6881e

Armstrong Henry G

Annapolis

Name in Full: Charles W. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Glyndon — County: Baltimore — MARYLAND

Date of death: 1904 — Month: Dec. — Day: 20th — Age: Years 57 — Months 11 — Days 20

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: Glyndon

Married, Single or Widowed — Name of Wife or Husband: Ettie Pine de.

Father's Name: George Myers — Father's Birthplace: Balto Co Md

Mother's Maiden Name: Ruth Stubbins — Mother's Birthplace: " " "

Name of person giving Information: Hester S. Heaths. (Sister) — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years.

Immediate: Tubercular Laryngitis — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. White, M.D.

Address: Glyndon, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66616

Name in Full: Mary D. Norris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockdale; County: Baltimore

Date of death 1904: Month: 12; Day: 25

Age: Years: —; Months: 5; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Balto. Co.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Henson

Father's Birthplace: Balto. Co.

Mother's Maiden Name: Eliza Norris

Mother's Birthplace: "

Name of person giving information: Elbert Norris

How related to deceased: Grand Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: 2 days

Immediate: Convulsions — How long: same

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. C. Simms

Address: Woodlawn Sher Md.

Accident or Suicide?

Name in Full: Sister Louise O'Hargan

CERTIFICATE OF DEATH

Died at: St. Agnes' Hospital (Town) (County) MARYLAND

Date of death: Month December; Day 12; Year 1914; Age 53; Months; Days

Sex: Female | Color or Race: White | Birthplace: Ireland

Occupation: Religious | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Breast. | How long: 2 yrs

Immediate: General metastases. | How long: 3 months.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F W Keown M.D.

Address: 1938 Linden Ave

Accident or Suicide? No

LIBRARY BUREAU A68516

Mr Mattfeld Salamanca

Name in Full (New born babe)

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Alberton — County: Baltimore

Date of death: Month: Dec — Day: 15 — 1904

Age: Years — Months — ~~Days~~ 20 hours

Sex: Female — Color or Race: White — Birthplace: Alberton, Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: James Thomas Pearce — Father's Birthplace: Virginia

Mother's Maiden Name: Comorah James Finks — Mother's Birthplace: Virginia

Name of person giving In formation: J. T. Pearce — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ?

Immediate: Convulsions — How long: one hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Gambrill

Address: Alberton, Howard Co. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Comorah James Finks (Pearce)

CERTIFICATE OF DEATH

MARYLAND

Town: Alberton — County: Baltimore

Died at

Date of death: 1904 — Month: Dec — Day: 16 — Years: 38 — Months: 6 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Husband: James Thomas Pearce

Father's Name: Dillard Finks — Father's Birthplace: Virginia

Mother's Maiden Name: Mildred Walters — Mother's Birthplace: Virginia

Name of person giving In formation: James Thomas Pearce — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endo-Metritis (?) — How long: 4 Months ?

Immediate: Peritonitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Gambrill

Address: Alberton, Md.

Accident or Suicide?

LIBRARY BUREAU A8851B

Name in Full: Frederick Pfeil

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Highland; County: Baltimore

Date of death: 1904; Month: 12; Day: 22; Age: Years: 60; Months: 1; Days: 2

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Retired; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Maria Pfeil

Father's Name: Konrad Pfeil; Father's Birthplace: Germany

Mother's Maiden Name: Dont Known; Mother's Birthplace: " "

Name of person giving In formation: Maria Pfeil; How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Apoplexy; How long: two months-

Immediate: Asthenia; How long: One week-

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes-

Signature of Physician: Fredk A Conradi, M.D.

Address: 2721 E. Balt. St. Balt. Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Mt. Carmel Lem
R. Lemon Son

Name in Full: Geo. Pitts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chase — County: Balto

Date of death: 1904 — Month: Dec — Day: 11 — Age: Years: About 75 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widower — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Exhaustion Heart disease — How long: 2 years

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. Wallace

Address: Rossville Md

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full → Polk

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Morrell Pk — County: Balto Co

Date of death 190[illegible] — Month: Dec — Day: 1 — Age — Years: ~ — Months: ~ — Days: ~

Sex: Female — Color or Race: White — Birthplace: Morrell Pk

Occupation: None — Where Residing if not at place of death: ~

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: Conrad Polk — Father's Birthplace: Balto Md

Mother's Maiden Name: Clara Michael — Mother's Birthplace: " "

Name of person giving information: Conrad Polk — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: 6 mos

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. L. M. Kieffer

Address: Morrell Pk Balto Co Md

Accident or Suicide? ~

LIBRARY BUREAU A88818

Christian Muller
2334 Jefferson st.
Loudon Park Cemetary

Name in Full: Clara Polk

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monell Park; County: Balto

Date of death: 1904; Month: 12; Day: 7

Age: Years: 83; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House wife

Where Residing if not at place of death: Monell Park

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Conrad Polk

Father's Name: Samuel Michaels

Father's Birthplace: Md

Mother's Maiden Name: Annie Lemmon

Mother's Birthplace: Md

Name of person giving information: Conrad Polk

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia

How long: 6 days

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Hall

Address: Mt Winans

Accident or Suicide?

LIBRARY BUREAU A69816

Christian Miller
2334 Jefferson st
Balto City

Will Bury Sunday Dec 11/04
At London Park Cemetary

Name in Full: Wm. H. Pope

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pikesville; County: Baltimore

Date of death 1904: Month: 12; Day: 6

Age: Years: 61; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Frederick, Md.

Married, Single or Widowed: married; Occupation: Merchant

Name of Wife or Husband: Mary A. Pope

Father's Name: John Pope; Father's Birthplace: Frederick

Mother's Maiden Name: Caroline Doll; Mother's Birthplace: "

Name of person giving In formation: Mary A. Pope; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastritis; How long: about 1 w ks

Immediate: Heart failure; How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. C. Pope

Address: Pikesville

Accident or Suicide?

LIBRARY BUREAU Ab8516

Green Mount

Name in Full: Theodore Fulse.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govans. County: Balto.

Date of death: Month: Dec Day: 7. 1904

Age: Years: 61 Months: Days:

Sex: Male

Color or Race: White

Birthplace: Hagerstown Md

Occupation: R. R. laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Katherine Pulse.

Father's Name: Pulse

Father's Birthplace: Germany

Mother's Maiden Name: —

Mother's Birthplace: . . .

Name of person giving information: Kate Pulse

How related to deceased: Parents

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis.

How long: 3 days

Immediate: Consumption

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. H. Hoe Byrne M.D

Address: Govans, Sta. H. Balto. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Edw a Brideford Jr
21 Mary Constantine

Name in Full: Amanda M. Reese

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Calvonsville County: Baltimore

Date of death: Month: Dec 1904 Day: 15 Age: Years: 79 Months: 11 Days: 6

Sex: female Color or Race: White Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: David M Reese Father's Birthplace: Alexander Va

Mother's Maiden Name: Mary Yates Mother's Birthplace: Balto City

Name of person giving Information: Miss Ruckle How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Advanced old age No disease How long: 1 week

Immediate: Sheer Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. White Jr

Address: Catonsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Richard Reguardt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hebbville; County: Baltimore

Date of death: Month: Dec; Day: 17; 1900

Age: Years: 57; Months: 1; Days: 16

Sex: Male

Color or Race: White

Birthplace: Europe

Occupation: retired

Where Residing if not at place of death:

Married, ~~Single or Widowed~~

Name or Wife or ~~Husband~~: Mary E. Reguardt

Father's Name: not Known

Father's Birthplace: Not Known

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Mrs Mary E. Reguardt

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease of Kidneys

How long: 2 years

Immediate: Cardiac + Heart Disease

How long: 6 mo

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G Lane Tannyhill

Address: 1103 Madison ave Baltimore Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Burial in London Park Cem

Joseph Cook F. D.

Name in Full Estelle Viola Robinson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Towson — County: Balto.

Date of death: Month: Dec. — Day: 24 — 1904

Age: Years: — Months: 9 — Days:

Sex: female — Color or Race: Col'd — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: Towson

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Isaac Robinson — Father's Birthplace: Md.

Mother's Maiden Name: Maggie Boyer — Mother's Birthplace: Md.

Name of person giving information: Isaac Robinson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 4 Months

Immediate: Cardiac Asthenia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Boyden Green M.D.

Address: Towson Md

Accident or Suicide?

LIBRARY BUREAU A66516

Robt Elliott

Rogers Ave

City

Name in Full: Annie L. Rosengarten

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rosedale — County: Baltimore

Date of death: Month: Dec — Day: 8 — 1904

Age — Years: — Months: — Days: 20

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Rosengarten — Father's Birthplace: Md.

Mother's Maiden Name: Minnie Freund — Mother's Birthplace: Md.

Name of person giving Information: Charles Freund — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure — How long

Immediate — How long: 2 hours

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: C. F. Mann

Address: Rossville

Accident or Suicide?

LIBRARY BUREAU A86616

CERTIFICATE OF DEATH

Name in Full: Eliza Rosier

Died at: Town: New Freedom County: York Penna. ~~MARYLAND~~

Date of death: 1904 Month: Dec Day: 12 Age: Years: 28 Months: Days:

Sex: Female Color or Race: White Birthplace: Maryland Balto.

Occupation: Housewife Where Residing if not at place of death: Jumps

Married, Single or Widowed: Married Name of Wife or Husband: B. Rosier

Father's Name: James Tracey Father's Birthplace: Maryland Balto.

Mother's Maiden Name: Barbara Stiffler 79 Mother's Birthplace: " " "

Name of person giving Information: Mr B. Rosier How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart How long:

Immediate: Heart Failure. How long: Sudden.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S Hoke

Address: New Freedom

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Lucinda Ruhl

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hereford — County: Baltimore

Date of death 190 4: Month: 12 — Day: 31

Age: Years: 54 — Months: 8 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Hereford Md.

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: William Ruhl

Father's Name: Abraham Young — Father's Birthplace: Penn

Mother's Maiden Name: Susan Coonchen — Mother's Birthplace: Penn.

Name of person giving information: William Ruhl — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 6 Months

Immediate: Coma — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. R. Mitchell

Address: R. F. D. 2, Monkton, Md.

Accident or Suicide?

LIBRARY BUREAU A30316

Name in Full: Mrs Sarah J. Sample 12-30-II

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Woodensburg — County: Baltimore

Date of death 1904 — Month: Dec — Day: 18 — Age — Years: 66 — Months: 3 — Days: 18

Sex: Female — Color or Race: White — Birthplace: Pa

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: E S Sample

Father's Name: John Slyder — Father's Birthplace: Pa

Mother's Maiden Name: Kathrin Slider — Mother's Birthplace: Md

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH 1931

PHYSICIAN OR CORONER

Primary — How long

Immediate: Suicide — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James Gorsuch, M.D.

Address: Reisterstown Md.

~~Accident or~~ Suicide?

LIBRARY BUREAU A88516

Name in Full: Abram Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) St. Agnes' Hospital (County) Balto. MARYLAND

Date of death 1904 (Month) Dec. (Day) 10 Age (Years) 52 (Months) (Days)

Sex Male | Color or Race White | Birthplace Penn.

Occupation Telegraph Operator | Where Residing if not at place of death 1920 Ridgewood Ave,

Married, Single or Widowed Married | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Gastritis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. P. Ahern

Address: St. Agnes Hosp'l.

Accident or Suicide?

LIBRARY BUREAU A88816

341. S Burgoon

Name in Full: ~~Patrick~~ ~~H~~ ~~H~~ Francis Schaffer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Towson — County: Balto.

Date of death: Month: Dec. — Day: 16 — 1904

Age: Years: 66 — Months: 9 — Days: 8

Sex: Male

Color or Race: White

Birth place: Germany

Occupation: Laborer

Where Residing if not at place of death: Towson

Married, Single or Widowed: Married

Name of ~~Wife~~ Husband: Laura Schaffer

Father's Name: Jacob Schaefer

Father's Birthplace: Germany

Mother's Maiden Name: Margret Schaefer

Mother's Birthplace: "

Name of person giving Information: Philip J. Schaffer

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Bright's Disease — How long: (?)

Immediate: Uremia — How long: 72 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Royston Crenshaw

Address: Towson Md.

~~Accident or Suicide~~

PHYSICIAN OR CORONER

LIBRARY BUREAU A82816

John Burns Son
Mt. Maria cem.
Tenson

Name in Full: Frederick J. Schutz 1874

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Falls — County: Baltimore

Date of death: Month: 12 — Day: 20 — 1904

Age: Years: 8-6 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Baltimore

Occupation: Cabinet maker — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Annie E. Schutz

Father's Name: John W. Schutz — Father's Birthplace: Germany

Mother's Name: Christina Schutz — Mother's Birthplace: " "

Name of person giving Imformation: Harry Schutz — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (double) — How long: 8 days

Immediate: Failure of nervous centre uremia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. W. Haynes M.D.

Address: Franklinville Md

Accident or Suicide? No

LIBRARY BUREAU A89016

Interment
Franklinville

Name in Full: Lena Schwartz

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: West Balto | County: Balto

Date of death 1904: Month: 12 | Day: 14 | Age: Years: 46 | Months: 6 | Days: 12

Sex: Female | Color or Race: White | Birthplace: Germany

Occupation: House Wife | Where Residing if not at place of death: West Balto

Married, Single or ~~Widowed~~ | Name of Wife or Husband: John Schwartz

Father's Name: Hell | Father's Birthplace: Germany

Mother's Maiden Name: Julia Miller | Mother's Birthplace: Germany

Name of person giving In formation: John Schwartz | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Breast | How long: 12 mo

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W E Hall

Address: Mt Winans

~~Accident or~~ Suicide?

LIBRARY BUREAU A88816

Outline in Full

Charles Magnus Sheeler.

CERTIFICATE OF DEATH

MARYLAND

Town: Emorytown

County: Baltimore

Died at

Date of death 1904 | Month: 12 | Day: 2 | Years: Age 52 | Months: 4 | Days:

Sex: Male | Color or Race: White | Birthplace: Philadelphia Pa.

~~Married~~, Single or ~~Widowed~~ | Occupation: Farmer.

Name of Wife or Husband:

Father's Name: John Sheeler. | Father's Birthplace: Penn.

Mother's Maiden Name: Constantine Mellott | Mother's Birthplace: Germany.

Name of person giving In formation: Mrs. Mary Schwarz. | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

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Primary: Fracture of skull | How long:

Immediate: Impaired Respiration | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. Herbert Buckley.

Address: Reisterstown Md.

Accident or ~~Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Mary Jane Shugers.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Catonsville — County: Balto.

Date of death: Month: Dec — Day: 3 — 1904

Age: Years: 55 — Months: — Days: —

Sex: female

Color or Race: Colored

Birthplace: Howard Co

Occupation: Mid-wife

Where Residing if not at place of death: Catonsville.

Married, Single or Widowed: widow

Name of Wife or Husband: Andrew Shugers.

Father's Name: Dawsey

Father's Birthplace: Howard Co

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Ida Botts.

How related to deceased: Step daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 5 days.

Immediate: Asthenia — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Marshall B West.

Address: Catonsville Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Amanda Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glyndon — County: Balto

Date of death: Month: Dec — Day: 19 — 1904

Age — Years: 77 — Months: — Days: —

Sex: Female

Color or Race: white

Birthplace: Fredrick Co Md

Occupation: House wife

Where Residing If not at place of death: Glyndon

Married, Single or Widowed: married

Name of Wife or Husband: Samuel Smith

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Charlie Smith

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis

How long: 2 yrs

Immediate: Hypostatic Congestion

How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. M. Slade

Address: Reisterstown

Accident or Suicide?

LIBRARY BUREAU A66916

Name in Full: Cora Elizabeth Smith

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Catonsville (County) Baltimore

Date of death: Month 12 Day 9 Year 1904

Age: Years 15 Months — Days —

Sex: Female

Color or Race: Colored

Birthplace: Catonsville Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John T Smith

Father's Birthplace: Maryland

Mother's Maiden Name: Augusta Hardey

Mother's Birthplace: Maryland

Name of person giving information: John T. Smith

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis

How long: 3 months 2 days

Immediate: Same

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Covington M.D.

Address: 430 Bridle Street

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William H. Slauffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glen Morris — County: Baltimore

Date of death: 1904 — Month: Dec — Day: 3 — Years: Age 74 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Frederick Co Md

Occupation: Shoemaker — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: Eleanor Frybarger

Father's Name: — — Father's Birthplace:

Mother's Maiden Name: — — Mother's Birthplace:

Name of person giving In formation: Fannie Agle — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 yrs

Immediate: Exhaustion — How long: a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. M. Slade

Address: Reisterstown

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: William H. Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Highlandtown — County: Balto.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age	Months	Days
1904	12	17	43		

Sex	Color or Race	Birthplace
Male	White	Balto.

Occupation: Clerk

Where Residing if not at place of death: 414 Pratt St.

Married, Single or Widowed: Married

Name of Wife or Husband: Catherine Taylor

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: J. Herwig & Son

How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver — How long: 3 mos

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Jas. L. Truax M.D.

Address: 3 and Gough Highlandtown

Accident or Suicide? No

LIBRARY BUREAU A30616

12/20/04

Westminster Church Yard
Cor.of Fayette & Greene Sts.

John Herwig & Son
2008 Orleans St.

Name in Full: William T Toomey.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Monell PK — County: Balto

Date of death 1904 — Month: Dec — Day: 29 — Age — Years: = — Months: 5 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Balto Md

Occupation: — — Where Residing if not at place of death: Monell PK

Married, Single or Widowed: Single — Name or Wife or Husband: —

Father's Name: Joseph Toomey — Father's Birthplace: Md

Mother's Maiden Name: Jennie Woods — Mother's Birthplace: Md

Name of person giving Information: Mrs J Toomey — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis — How long: 6 days

Immediate: Peritonitis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. S. M. Kieffer M.D.

Address: Monell P.K. Balto Co Md

Accident or Suicide? —

LIBRARY BUREAU AB5816

London Park Cave

Saturday at 2 PM

Name in Full: William A. Trump.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Govanstown; County: Balto.

Date of death 1904: Month: Dec.; Day: 26th; Age: Years 59; Months 10; Days 24.

Sex: Male; Color or Race: white; Birthplace: Phila. Pa.

Married, Single or Widowed: Widower; Occupation: Boiler maker

Name of Wife or Husband: Rida Trump.

Father's Name: Simeon S. Van Trump; Father's Birthplace: not known

Mother's Maiden Name: not known; Mother's Birthplace: not known

Name of person giving information: Samuel A Van Trump; How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dilatation. 29; How long: two weeks.

Immediate: Loss of Compensation; How long: Six days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. O. Hoen M.D.

Address: Sta. H (Govans) Balto. Md.

Accident or Suicide? neither

LIBRARY BUREAU A89516

Jurkeln + Jinklen

London Paris America

Name in Full: Thomas H. Twining. 156

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Greenwood — County: Balto.

Date of death: 1904 — Month: Dec — Day: 18 — Age: Years — — Months: 2 — Days: —

Sex: Male — Color or Race: White — Birthplace: Greenwood

Occupation: — — Where Residing if not at place of death: Greenwood.

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Isaac F. Twining — Father's Birthplace: Greenwood

Mother's Maiden Name: Sarah E. Burton — Mother's Birthplace: Balto.

Name of person giving Imformation: Sarah E. Twining — How related to deceased: Mother.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: accident — How long: —

Immediate: " " — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Arthur

Address: Fork, Md.

Accident or Suicide? Accident

LIBRARY BUREAU A88816

Name in Full: Augusta Wederlake.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arlington — County: Balto

Date of death 1904: Month: Dec — Day: 2 — Age: Years: 72 — Months — Days

Sex: Female — Color or Race: German — Birthplace: Germany

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Charles Wederlake.

Father's Name: Ferdenanda Bergulda. — Father's Birthplace: Germany

Mother's Maiden Name: not known — Mother's Birthplace: Germany

Name of person giving Information: Carolin Flandorffer. — How related to deceased: Daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Albuminuria — How long: 4 years

Immediate: Hypostatic Pneumonia Uremia — How long: 6 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. H. Dean M.D.

Address: Arlington Md.

Accident or Suicide?

LIBRARY BUREAU A88316

J Hennig & Son
2008 Orleans St
London Park Com.
Dec 6/04

Name in Full: Geo. Phillip H. Wells 154

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hartley — County: Baltimore

Date of death: 1904 — Month: Dec — Day: 12

Age — Years: 1 — Months: 7 — Days: 1

Sex: male

Color or Race: Colored

Birthplace: Hartley

Occupation: —

Where Residing if not at place of death: Hartly

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Wells

Father's Birthplace: Jacksonville

Mother's Maiden Name: Eliza Queen Bell

Mother's Birthplace: Hartley

Name of person giving information: Geo Wells

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright Disease — How long: six months

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. L. Green

Address: Gittings Md.

Accident ~~or Suicide?~~

120

LIBRARY BUREAU A66016

Name in Full: Lydia Wells

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Granstown; County: Baltimore

Date of death 190 4: Month: Dec; Day: 26; Age: Years: 78; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace:

Occupation: House wife; Where Residing if not at place of death: Granstown Md

Married, Single or Widowed: widow; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving In formation: Thos. Wells; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long:

Immediate: Injury by a fall.; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. M. Duncan

Address: Granstown Md

Accident or Suicide?

LIBRARY BUREAU A8881S

A. S. Marshall

3539 Fall Road,

Name in Full: Emily Wesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St. Agnes' Hospital | County: Baltimore | Md. | MARYLAND

Date of death: Month: Dec. | Day: 23 | Years: Age 26 | Months | Days

Sex: Male | Color or Race: White | Birthplace: Germany

Occupation: Carpenter | Where Residing if not at place of death: 18 North Grove St.

Married, Single or Widowed: Married | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis | How long

Immediate: Heart failure | How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. F. Rivera M.D.

Address: St. Agnes Hospital

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Katie Williams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Turners Sta. — County: Balto. Co

Date of death 1904 — Month: Dec. — Day: 10th — Age: Years 22 — Months — Days —

Sex: Female — Color or Race: Colored — Birthplace: N. C.

Occupation: Domestic Servant — Where Residing if not at place of death: Turners Sta.

Married, Single or Widowed: Single — Name of Wife or Husband —

Father's Name: Jerry Williams — Father's Birthplace: N.C.

Mother's Maiden Name: Francis Connor — Mother's Birthplace: Ala.

Name of person giving Information: Henry Williams — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 8 months

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. C. McCormick M.D.

Address: Harrows Point Md

Accident or Suicide? no

LIBRARY MUHAJ A88316

Name in Full: Marion Williams 157

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Fork — County: Balto

Date of death 1904 — Month: Dec — Day: 3 — Age — Years: ✓ — Months: 6 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: ✓ — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

Father's Name: Geo. W. Hayes — Father's Birthplace: Md

Mother's Maiden Name: Lydia Bussf. — Mother's Birthplace: Md

Name of person giving Imformation: Ella W. Hayes — How related to deceased: Grandmother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Pneumonia — How long: 2 wks

Immediate: ✓ — How long: ✓

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. F. D. Gooch

Address: Fork

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Friedericke Wirsing

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fullerton — County: Balto.

Date of death: Month: December — Day: 8 — Years: Age 75 — Months: — — Days: —

Sex: Female — Color or Race: White. — Birthplace: Germany

Occupation: House-wife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Husband: Frederike Wirsing

Father's Name: Fabich — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: Germany

Name of person giving Imformation: Chas Lassahn — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamation of the stomach. — How long: 10 Days.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: H. F. Graetzel M. D.

Address: No 2234 E. Biddle st. Baltimore.

LIBRARY BUREAU A82316

St. Peters Cemetery

Name in Full: Laurence Elmer Young

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hereford; County: Baltimore

Date of death 1904: Month: 12; Day: 22

Age: Years: —; Months: —; Days: 4

Sex: male

Color or Race: White

Birthplace: Hereford, Md.

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

Father's Name: Valentine R. Young

Father's Birthplace: Ellic. Md.

Mother's Maiden Name: Bertha May Hare

Mother's Birthplace: Shamburg Md.

Name of person giving information: Valentine R. Young

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cyanosis

How long: 4 days

Immediate: Asthenia of Apnoea

How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A R Mitchell

Address: Mount Top Md.

Accident or Suicide? ~~Accident or Suicide?~~

R F D No 2,

LIBRARY BUREAU A86516